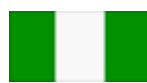




SITE CAPACITY ASSESSMENT (SCA) TOOLKIT

Introduction SCA Toolkit Training Program Module 1



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The AIDSRelief Site Capacity Assessment Tool (SCA Tool) is adapted with permission from the IHV Clinical Site Capacity Assessment Tool, which was modified by CRS, Futures and IHV to fit the needs of AIDSRelief.

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SCA Toolkit Training Program

- Purpose:
 - To equip project managers to use the SCA Toolkit
- Training Program Steps:
 - Orientation with the SCA Training Modules 1 and 2
 - Study the SCA User Guide
 - Study the SCA Tool including component instructions
 - Mentor in the use of the SCA Toolkit , which includes:
 - Accompanied administration of the SCA Tool
 - Familiarization with the SCA Dashboard
 - Development of an SCA Action Plan

SCA Toolkit Training Module 1

Contents

- Section 1: SCA Tool Capacity Assessment
- Section 2: SCA Tool Background and Architecture
- Section 3: SCA Tool Preparation and Administration
- Section 4: SCA Dashboard
- Section 5: SCA Action Plan



SECTION 1

SITE CAPACITY ASSESMENT (SCA)

Capacity Assessment

The Foundation of Capacity Development and
Program Outcome Improvement



What is Capacity Assessment ?

- Capacity assessment is a systematic measurement and review of key organizational and/or program indicators with the view of taking action to improve capacity and/or performance.
- Capacity assessment can be done comprehensively to cover the whole organization/program, or more focused to specific aspects only.
- Assessment can be driven externally or through a self assessment approach.

Why Capacity Assessment ?

- Capacity assessment is the foundation of capacity strengthening efforts, since meaningful improvements can only be effected on what is known and can be measured.
- Used to identify gaps in the service operations or in the implementation of programs.
- Used to monitor for the effective implementation of ongoing programs.
- Capacity assessment can provide:
 - Identification of gaps
 - Areas of strengths and weakness
 - Areas of opportunity for improvement

Capacity Assessment – The SCA tool

- Capacity assessment is an important exercise for any effective health systems strengthening initiative. However, meaningful capacity assessment requires a tool suited for the health system being assessed.
- The SCA Tool was developed to assess the health facility's overall capacity of program operations to deliver quality HIV care and treatment in a consistent and sustainable way.
- The administration of the SCA by AIDSRelief and local partners informs health systems strengthening initiatives for health facilities.

Capacity Assessment – The SCA tool

- The information from the assessment is used to prioritize activities to strengthen capacity when a need is identified and/or to identify areas of excellent capacity that may be used to exemplify best practices
- The SCA is designed to promote learning by facilitating conversations with the health facility staff to identify root causes and to develop strategies for improvement.
- Additional targeted technical assessments are also conducted when additional information is needed to identify root causes.

Capacity Assessment – The SCA tool

- The SCA does not assess program outcomes; instead, it assesses the capacity of program operations.
- The SCA indicates which health facility is meeting the minimum standards needed to provide quality HIV care and treatment services on a continuing basis with overall technical and management support from the local partner or AIDSRelief.
- The SCA is intended to be used on an annual basis by the local partner or AIDSRelief program manager responsible for health facilities.

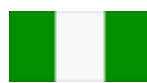


SECTION 2

SITE CAPACITY ASSESSMENT (SCA)

SCA Tool

Background and Architecture



SCA Tool - Consideration of Design

The SCA design considered the following factors:

- The need to meaningfully assess the degree to which care delivery system components have been implemented.
- Provision of clear scales of implementation beyond yes and no, but also to ask “how much”?
- Identify and measure core functional areas that affect implementation of key program components
- Set Indicators that are representative of capacities critical for achieving the standard for quality service
- Assess the process and environment for quality services

SCA Tool Design

- The SCA is organized by 12 program components and 7 crosscutting functional areas. Each component lists a set of indicators that are representative of the capacities critical for achieving the standard for quality services.
- Provides questions to be asked each with a set of observable statements on a 5-point scale.
- A rating of level 1 represents no capacity, whereas 5 represents a highly developed capacity and a potential best practice. Level 3 represents the minimum level of capacity required for quality services.
- Observable statements enables the staff to see what is needed to move to a higher level with respect to each indicator.

SCA Tool 12 Components

1. Youth HIV Services
2. Adult HIV Care
3. Community Based Treatment Services
4. Finance and Compliance
5. Fundraising, Advocacy and Public Relations
6. Health Care Management
7. Laboratory
8. Maternal Child HIV Care
9. Nursing
10. Pharmacy Management
11. Quality Improvement Program
12. Strategic Information



SCA Tool 7 Functional Areas

1. Physical Infrastructure and Equipment
2. Human Resources
3. Planning and Budgeting
4. Practices/Activities
5. Management, Supervision and Communication
6. Commodities and Supplies
7. Record Keeping and Reporting

Sample Component Rating Page

Rating Scale (1 poor, 3 minimum level for sustainability, 5 very good)							
Indicator Category	Data Source	1	2	3	4	5	Score
Infrastructure/Equipment							
Is SPACE adequate for optimal laboratory functioning?	Observation, Temperature logs	• 1 small room available as laboratory space but not 100% dedicated for laboratory activities • No separation between sections • No space dedicated only for sample collection • No waiting area for patients • No control of room temperature	• 1 room available for all laboratory activities. • No separation between sections • Space dedicated for sample collection • No waiting area for patients • No control of room temperature	• At least two rooms available for laboratory activities plus space for storage • Separation between different sections (chemistry, microbiology, hematology) • Space designated for TB sample processing only • Space dedicated for sample collection • Small waiting area for patients • Control of room temperature	• 2 rooms available for laboratory activities plus space for storage • Separation between different sections (chemistry, microbiology, Hematology) • 1 room designated for TB sample processing only • Space dedicated for sample collection • Medium waiting area for patients • Control of room temperature	• The following areas are present and clearly separated: patient reception, phlebotomy, specimen reception, testing area, microbiology section, 1 room designated for all TB procedures only, storage and staff eating/meeting area • Control of room temperature available and monitored daily	
Are UTILITIES adequate for optimal laboratory functioning?	Observation	• No electricity and running water available • No power back up • Poor illumination and ventilation	• Electricity and running water available 50% of the working day • No power back up • Poor illumination and ventilation	• Electricity available at least 90% of the working day • Running water available • power back-up (generator or solar batteries) available and functioning • Adequated illumination and ventilation	• Electricity available 90% of the working day • Running water available • power back-up (generator or solar batteries) available and functioning • Good illumination and ventilation	• No power outages • Running and distilled water available 100% of the working day • power back-up (generator or batteries) available and functioning ?Excellent illumination and ventilation	
Is EQUIPMENT working properly and regularly maintained for optimal laboratory functioning?	Observation; Equipment maintenance logs; Service contracts; SOPs	• No functioning equipment in the laboratory • Pipettes have never been calibrated • No preventative maintenance records available • No service contracts available • The equipment is NOT connected to UPS	• 25% of equipment in the laboratory is functioning • Pipettes have never been calibrated • 25% of required preventative maintenance performed • No records available • No service contracts available • UPS in place but not working or not connected to any equipment	• AT least 75% of equipment in the laboratory is functioning • Pipettes have been calibrated at least once since installation • At least 75% of preventative maintenance performed • Inadequate record keeping • Valid service contracts available for at least 50% of equipment • Primary equipment is connected to UPS	• 100% of equipment functioning • Pipettes have been calibrated at least once per year • 100% Preventative maintenance performed as required • Adequate record keeping • Valid service contracts available for at least 75% of equipment • Primary equipment is connected to UPS	• 100% equipment functioning • Pipettes calibrated twice per year • Preventative maintenance performed as required • Excellent record keeping • Service contracts available for 100% of equipment • All equipment is connected to UPS	

SCA Tool Design

- Functional areas are consistent across all components, allowing for analysis of scores by program component and by functional area.
- The SCA provides guidance on how to determine the rating and indicates which document (s) to review.
- The SCA provides a space to record the rating (electronically through a laptop or manually through paper form).
- The SCA has expanded glossary on the meaning of some of the terminologies used in the modules, and a user manual.



Use of the SCA Tool

- The SCA is intended to be used with the health facility on an annual basis by the local partners and the program manager responsible for health facilities.
- For some health facilities, particularly those undergoing significant change, a six-monthly administration of the SCA. would be helpful to track the impact of change, and to identify gaps and areas that need capacity strengthening.
- In addition, health facility staff may also use the SCA for self-assessment on an ad hoc basis.



SCA Tool -User Considerations

- The SCA is primarily intended for a program manager responsible for managing the ART program with the health facilities.
- The program manager needs to successfully complete the training program so that he/she has an in-depth understanding of the purpose of the tool and methodology of administration.
- Although desirable, a program manager does not need to have intimate technical knowledge of the various components to successfully administer the SCA tool.
- The SCA tool should take no longer than 2-3 days to administer at each health facility.

SCA Tool - Scoring

- The scoring is based on a 1 to 5 rating scale
 - For some, questions, 3 may be both the minimum and the best. In that case, 4 or 5 are not possible to score.
- Average score is calculated for each component and functional area.
- Example:
 - SI Physical Infrastructure – If the 7 scores are, for example: 1, 3, 4, 2, 2, 5, 1 – then the total average score will be 2.6 and the site is not meeting the minimum standard for quality services in that area.

SCA Tool Scoring Continuum

1.0-1.9	2.0-2.9	3.0-4.5	4.6-5.0
Red Flag Not Meeting Minimum Standard Significant Support Needed	Yellow Flag Approaching Minimum Standard Targeted Assistance Needed	Green Flag Meeting Minimum Standard for Quality Services	Blue Flag Exceeding Minimum Standard Consider for Training Purposes



Key Components for Meeting Standard

- All 12 SCA tool components are important for quality services.
- Some components are critical causing the health facility to not meet minimum standard even if the total averages for the health facility fall within the green range of meeting minimum standards for quality services.

The core components critical for quality services include:

- Adult HIV Care
- Community Based Treatment Services
- Laboratory
- Pharmacy Management
- Finance and Compliance

Sample SCA Tool Results Matrix

	Health Care Management	Fiscal Compliance	Adult Medicine	Nursing	Pharmacy	Community Based Treatment Services	Laboratory	Maternal & Child Health	Pediatrics	Strategic Information	Quality Improvement Program	Score
Physical Infrastructure & Equipment	Yellow	Yellow	Red	Red	Green	Red	Red	Green	Red	Red	Yellow	Red
Human Resources	Yellow	Yellow	Red	Red	Green	Red	Green	Red	Red	Red	Red	Red
Planning & Budgeting	Yellow	Green	Yellow	Yellow	Red	Red	Yellow	Red	Green	Red	Red	Red
Record Keeping & Reporting	Red	Green	Yellow	Yellow	Red	Yellow	Green	Green	Green	Yellow	Red	Yellow
Practices (Activities)	Green	Green	Green	Red	Green	Yellow	Green	Red	Green	Green	Yellow	Yellow
Management, Supervision & Communication	Yellow	Green	Green	Green	Yellow	Green	Red	Green	Yellow	Green	Yellow	Green
Commodities & Supplies	Yellow	Green	Red	Green	Yellow	Green	Red	Green	Yellow	Green	Red	Yellow
Score	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Yellow	Red	Yellow

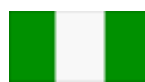


SECTION 3

SITE CAPACITY ASSESSMENT (SCA)

SCA Tool

Preparation and Administration



SCA Tool – The Necessary Administration Skills

Program managers administering the SCA tool must successfully completed the full SCA training program. They should have acquired an in-depth understanding of the:

- Importance of capacity assessment and purpose of the SCA tool.
- The technical content of each SCA component in order to accurately score each indicator including the use of documentation,
- The methodology for administering the tool including the documentation, in order to accurately score each indicator.

Program managers should not administer the SCA at those health facilities that they routinely manage in order to avoid some inevitable biases in scoring.

Preparatory Activities

- Before undertaking the assessment, an annual SCA program administration and monitoring schedule should be developed and distributed to the health facilities to be assessed.
- Well in advance of scheduled SCA assessment, the health facility should receive :
 - A written notification of the proposed date of the visit
 - A list of all health facility documents they should gather in advance
 - A hard copy of the SCA tool for their review prior to the visit
 - Review the tool thoroughly before the visit; review each component, indicator and score.



Preparatory Activities

Take the following steps prior to administering the SCA tool:

1. Confirm one week prior to the scheduled visit that the health facility has received the SCA tool, prepared the documents for review and is ready for a 2-3 day visit for administration of the SCA tool.
2. Set up a briefing/orientation meeting at the health facility.
During the meeting:
 - Describe in detail the SCA administration process to the health facility administrator, the medical director and HIV program staff.
 - Emphasize that the SCA is not an audit of the facility, but a collaborative process to help the health facility by gathering information to identify best practices and opportunities to further strengthen the programs.

Preparatory Activities

- In addition, discuss the tool with the other key health facility staff (potential respondents) and ensure that the people you need to meet with are available during the assessment.
- Explain the goal of the assessment and the use of the data collected.
- Indicate when assessment results will be received and how staff will be involved in any improvement efforts.
- Explain the level of confidentiality in the assessment process.
- Review the SCA tool components, indicators and observable statements with staff to familiarize them with the tool.

Preparatory Activities

During the meeting, suggest and discuss the order in which the component interviews will be conducted. The following is an example preferred sequence

1. **Clinical Components:** Adult HIV Care; Youth HIV Services; Nursing; MCHC and CBTS.
2. **Specialist Units Components:** Laboratory; Pharmacy; Strategic Information and Quality Improvement Program.
3. **Management Components:** Finance and Compliance; Fundraising and Advocacy and Health Care Management

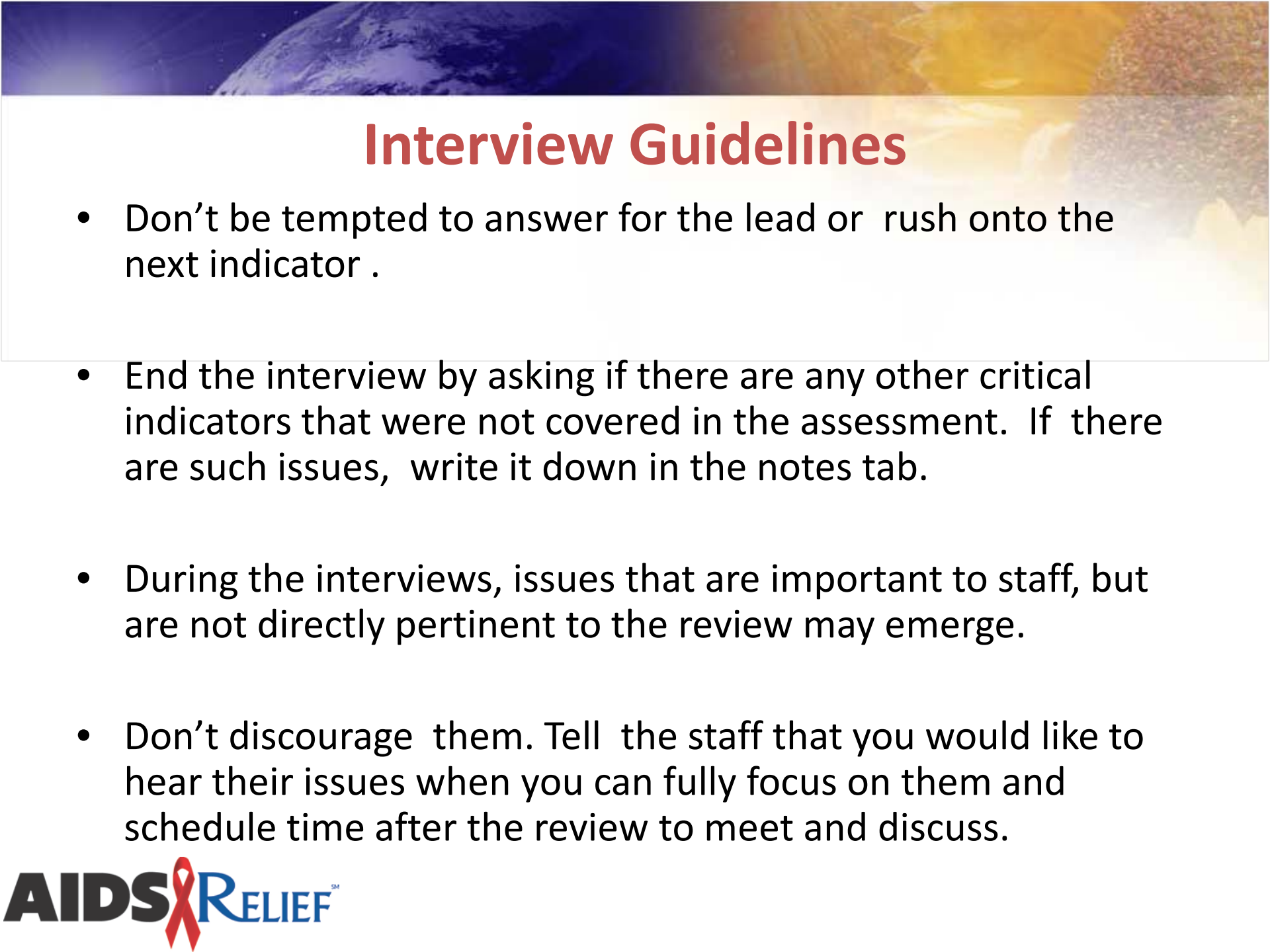
The final sequence should be determined after arriving at consensus with the administration in accordance with the logistic practicalities and staff availability.

Carrying Out Interviews

- Before commencing actual interviews, ensure that the health facility lead person for each component has received and reviewed a hard copy of their respective SCA component.
- Read the indicator question and ask the lead for information that helps identify the observable statements that best describe the current capacity of the health facility.
- During the interview, assist them to understand the observable statements where necessary.

Interview Guidelines

- Read the indicator and pause, allowing the component lead enough time to think before responding.
- Wait for reactions, listen carefully to what he/she has to say.
- Ask questions to help the component lead to think and speak about the observable statements. Clarify the leads answers or comments when necessary.
- Emphasize that the lead should analyze the health facility currently (taking into consideration the past). Thus, the tool produces a “snap shot” of the health facility at the point in time of the assessment, not of past or future performance



Interview Guidelines

- Don't be tempted to answer for the lead or rush onto the next indicator .
- End the interview by asking if there are any other critical indicators that were not covered in the assessment. If there are such issues, write it down in the notes tab.
- During the interviews, issues that are important to staff, but are not directly pertinent to the review may emerge.
- Don't discourage them. Tell the staff that you would like to hear their issues when you can fully focus on them and schedule time after the review to meet and discuss.

Review of Supporting Evidence

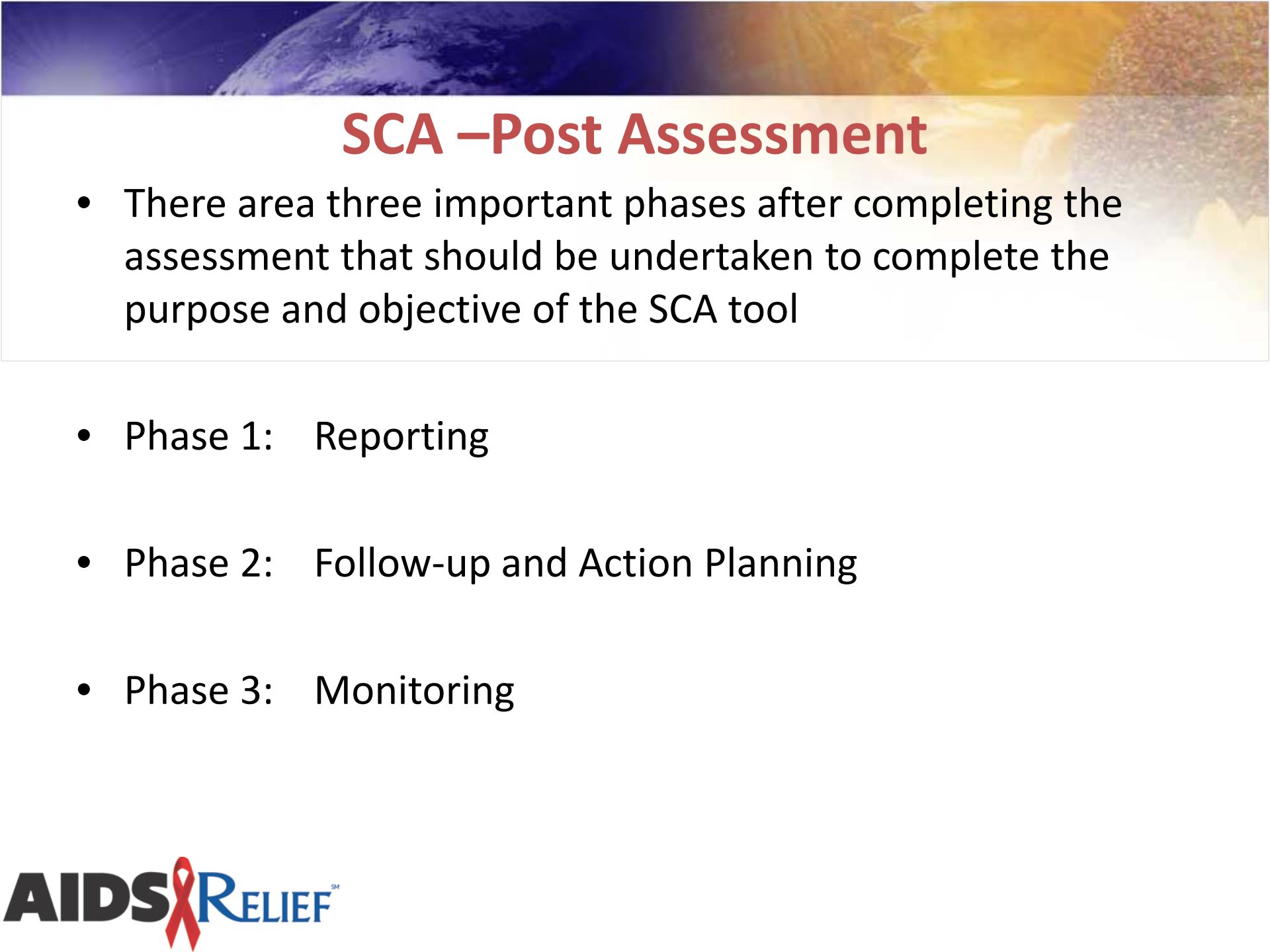
- Review the health facility documentation to support the information provided by the component lead.
- The existence of all required documents must be verified by sight.
- For each document, enter into the SCA spreadsheet whether or not it was seen.
- Conduct physical inventory of commodities, infrastructure and observe practices.
- Make a final decision on the appropriate component scores based upon the information provided by the lead, evidence in the documents and direct observations.
- For each criteria, all bullets in a given level must be satisfied in order to get the score corresponding to that capacity level.

Scoring

- Enter the scores directly into the laptop in the SCA tool spreadsheet.
- Score 1 on questions that cannot be answered or have no documentation.
- During the process, the lead may ask for explanations of the indicators and challenge the assumptions of the tool.
- Use the “notes tab” in each component as needed for brief noteworthy insights or remarks arising from the interview with the health facility staff.

Focus Group Discussions

- After the SCA, the project manager will facilitate a focus group discussion with all key participants to:
- Provide feedback on the findings of the assessment, including strengths and areas for improvement. Highlight positive findings.
- Describe indicators that do not meet the minimum standard for quality services as opportunities, not failures.
- Discuss any challenges or concerns about the SCA and how it was administered and any recommendations for improving the SCA. The focus group discussion should last no more than one hour.



SCA –Post Assessment

- There are three important phases after completing the assessment that should be undertaken to complete the purpose and objective of the SCA tool
- Phase 1: Reporting
- Phase 2: Follow-up and Action Planning
- Phase 3: Monitoring

Phase 1: Reporting

- Send a preliminary report produced from the SCA excel spreadsheet, focus group notes and other key observations to the health facility for review within two weeks of the visit.
- Based upon health facility feedback and internal AIDSRelief/local partner review, produce a final report and share with the health facility and relevant partners.
- Identify and note best practices.



Phase 2: Follow-up and Action Planning

1. Schedule a follow-up meeting with the health facility and appropriate AIDSRelief or local partner component experts.
2. Work with health facility and relevant component experts to develop action plans.
3. Identify and schedule component expert technical assistance needed to implement action plans.
4. Coordinate and monitor capacity strengthening initiatives.

Phase 3: Monitoring

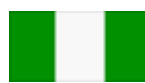
- Use SCA Dashboard to monitor health facility status relative to meeting the minimum standards for quality services and relative to all other health facilities over time.



SECTION 4

SITE CAPACITY ASSESSMENT (SCA)

SCA Dashboard



SCA Database and Dashboard

Database:

- E-first data entry during assessment with a detailed Excel workbook
- Upload workbook to central server with internet connectivity

Dashboard:

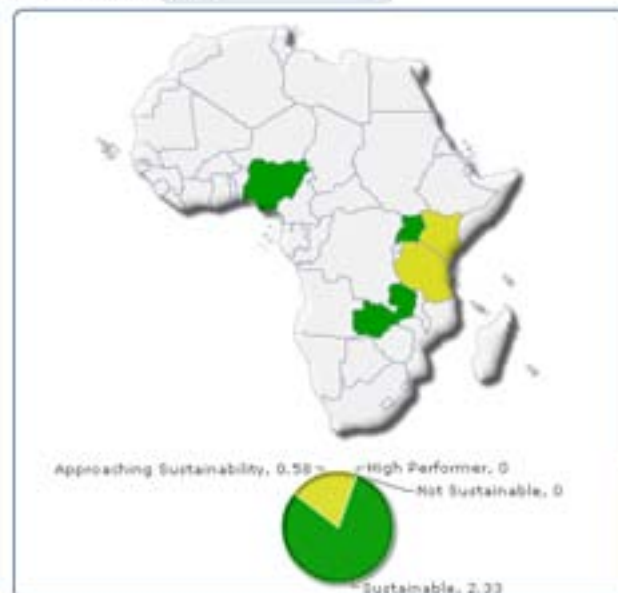
- Aggregates data at the global, country and facility levels – by component and functional areas
- Color coded maps, charts and tables make it easy to analyze the results at different levels of detail
- Web-based interface does not require any application installation

Data Visualization Leads to Action

The dashboard is a visualization tool to aid in decision making at all levels

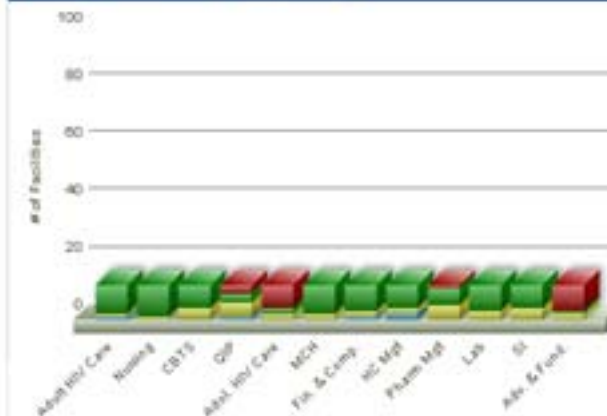
- Global Level Users (HQs, Country Managers, Health Facility Managers)
 - Compare aggregated results between countries and within a country
 - Identify and address over-arching problems
- Country Managers
 - Compare selected facility segments and regions
 - View component and facility score trends over time
- Health Facility Managers
 - Drill down to the site indicators
 - Plan program improvement, care and treatment plans and review progress

Select a continent: Africa

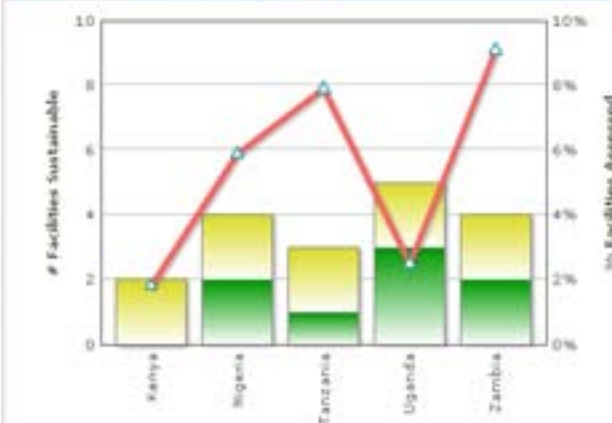


By Component 2010

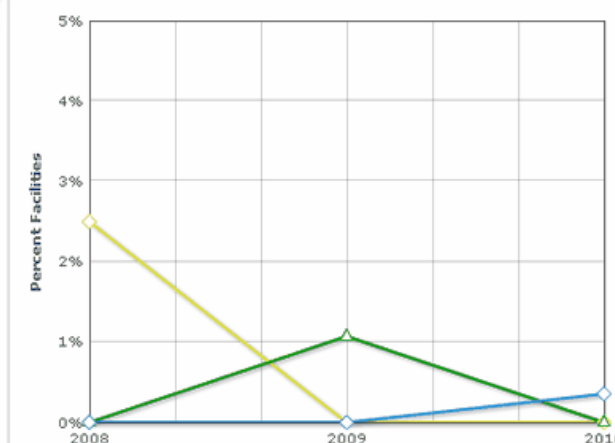
Number of Sustainable Sites by Country



Number of Sustainable Sites by Country



Percent Sustainable Over Time



Not Sustainable Approaching Sustainability Sustainable High Performer

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Global Page

Easily see –

- Country score aggregated averages
- Component level issues
- View by country and year
- Trends over time

Use Mouse-Over Feature to See Underlying Data Details

Site Capacity Assessment Dashboard



[Global](#) | [Country](#) | [Facility](#) | [SCA Data Upload](#) | [Help](#) | [Admin](#) | [Logout](#)

Select a continent:

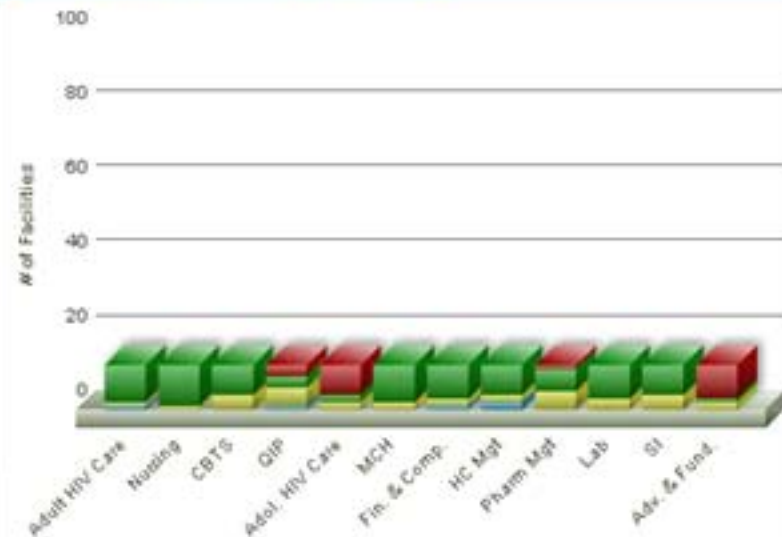
Nigeria
Number LPTFs assessed in last 12 months: 3
Number LPTFs with:
Average score - Not sustainable: 0
Average score - Approaching Sustainability: 1
Average score - Sustainable: 2
Average score - High Performer: 0

Component area(s) requiring improvement:
Adolescent HIV Care, Advocacy/Fundraising,
Health Care Mgt,
Pharmacy Mgt,
QIP,
Strategic Information
Functional area(s) requiring improvement:
Budgeting/Planning, Commodities/Supplies,
Human Resources,
Management Supervision & Communications,
Record Keeping



By Component

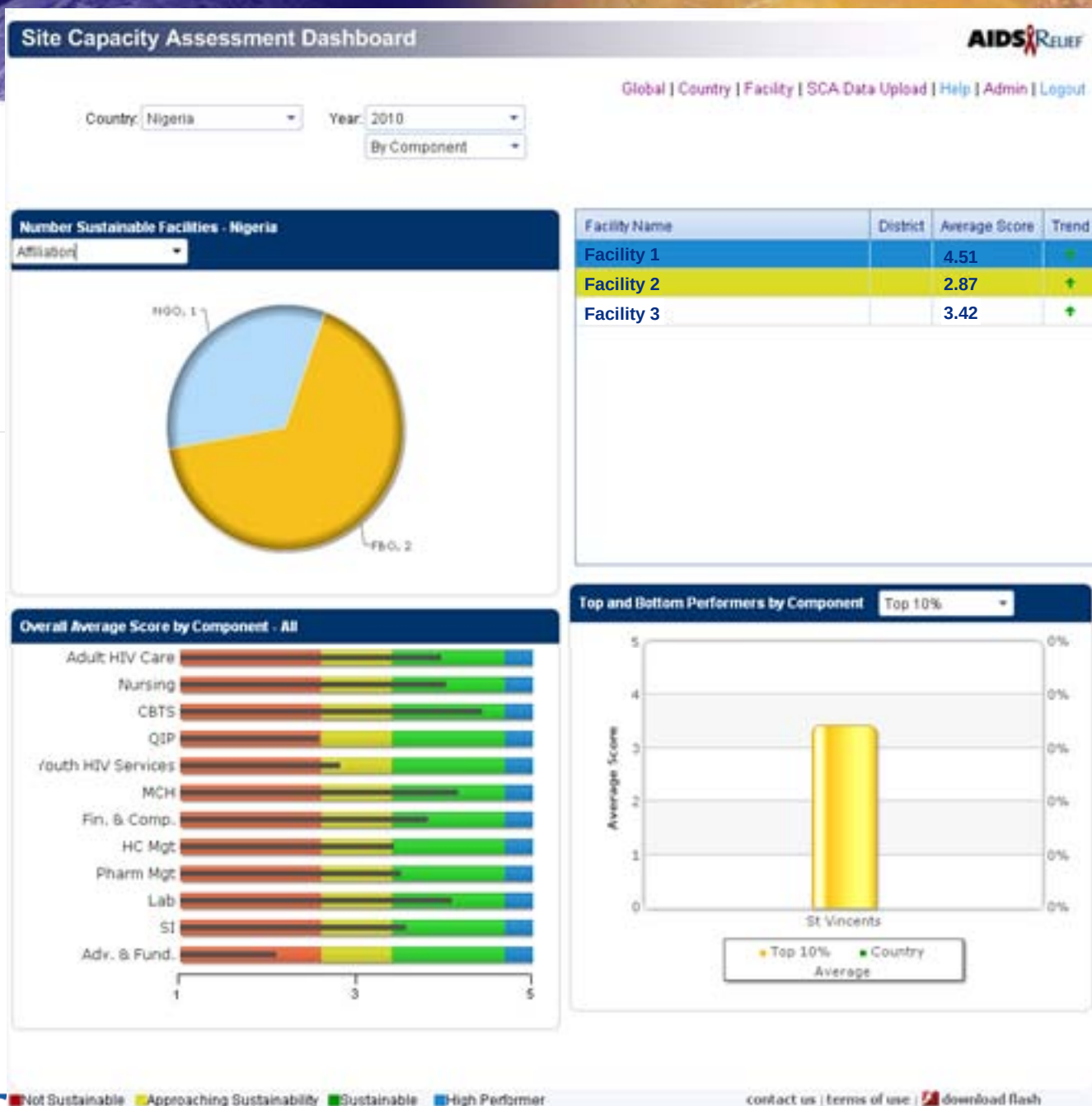
Number of Sustainable Sites by Country



Country Page

Easily see –

- Facility segments within a country
- Facility aggregated scores
- Components or functional areas that need improvement or high performing



Country: Nigeria Year: 2010
Facility Name: Example Facility By Component

[Global](#) | [Country](#) | [Facility](#) | [SCA Data Upload](#) | [Help](#) | [Admin](#) | [Logout](#)

Facility By Geographic Location Component Only



Component/Functional Area Compared to Country Average



Facility Component and Functional Area Scores

[See Facility Notes](#)

Area	Average Score	Trend Compared to Pri
Adolescent HIV Care	1.8	↓
Adult HIV Care	3.5	↑
Advocacy/Fundraising	1.4	↓
CBTS	3.93	↑
Finance & Compliance	3.53	↑
Health Care Mgt	3.3	↑
Laboratory	4.18	↑
Maternal & Child Health	3.81	↑
Nursing	3.22	↑
Pharmacy Mgt	3	↑
OTR	1.2	↓

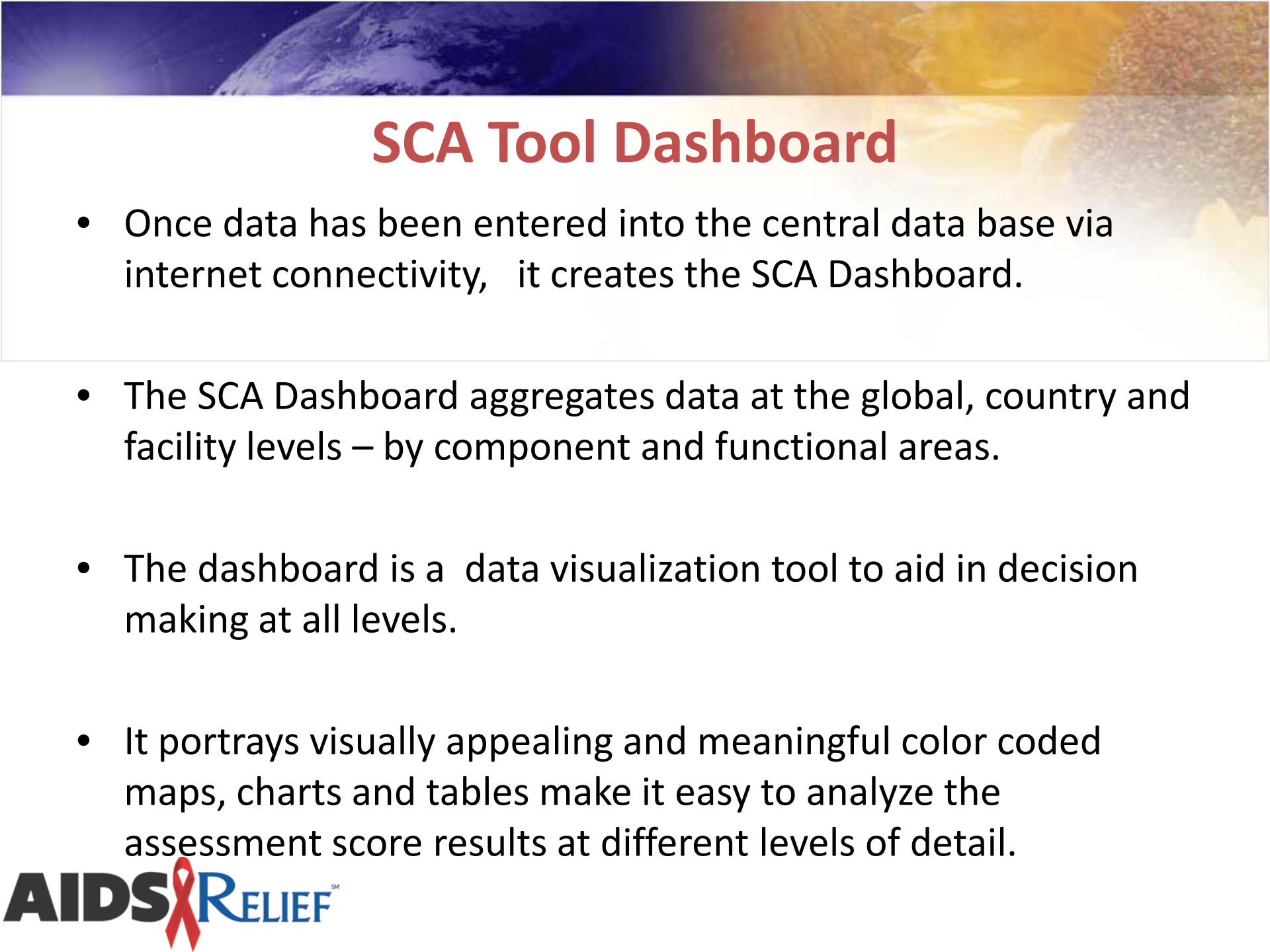
Adolescent HIV Care

Functional Area	Indicator	Score
Adolescent HIV Care	Is there a youth-specific waiting space at the clinic?	
Adolescent HIV Care	Are youth specific privacy / confidentiality practices in place?	3
Adolescent HIV Care	Are there staff with training in youth development that are dedicated to seeing youth at each visit?	4
Adolescent HIV Care	Is there youth-specific triage and intake at this health facility?	
Adolescent HIV Care	Is there a youth advisory board at this health facility?	

Facility Page

Easily see –

- Facilities that need improvement or are high performing
- Individual component or functional areas that need improvement
- Details at the indicator level
- Comparison between the facility and country average



SCA Tool Dashboard

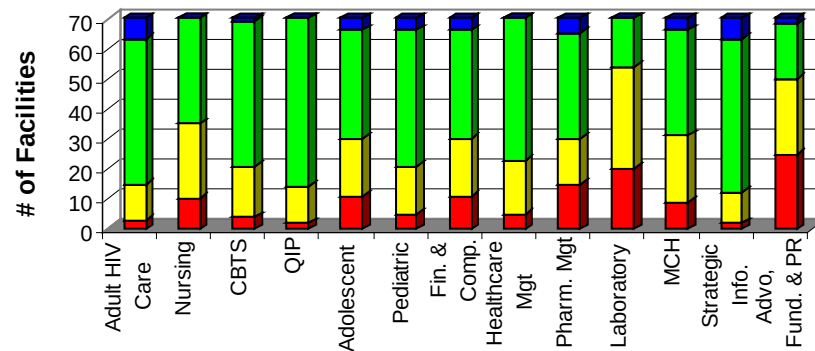
- Once data has been entered into the central data base via internet connectivity, it creates the SCA Dashboard.
- The SCA Dashboard aggregates data at the global, country and facility levels – by component and functional areas.
- The dashboard is a data visualization tool to aid in decision making at all levels.
- It portrays visually appealing and meaningful color coded maps, charts and tables make it easy to analyze the assessment score results at different levels of detail.

Global | Country | Facility | SCA Data Upload | Log out

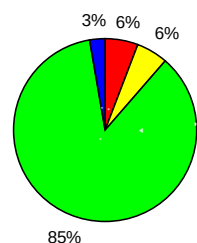
By Component

2009

Number of Sustainable Facilities

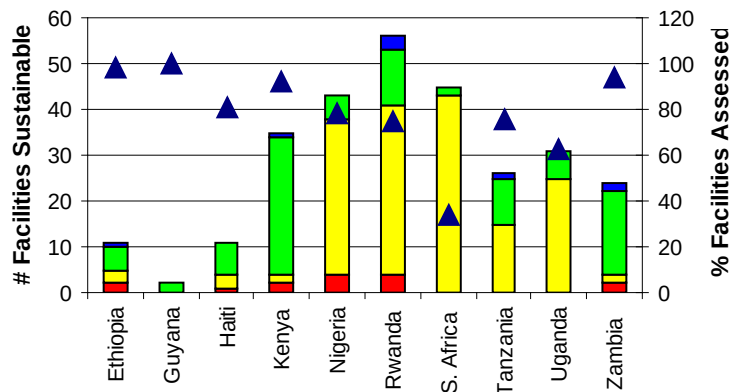


All AIDSRelief Site Percent Sustainable

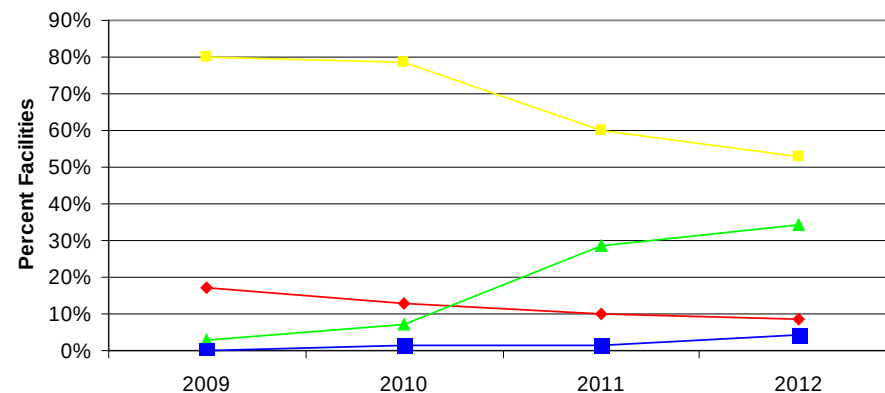


85%

Number of Sustainable Sites by Country



Percent Sustainable Over Time





Nigeria

Number Facilities assessed in last 12 months: **25**

Number Facilities with:

Average score - Not sustainable: **2**

Average score - Approaching Sustainability: **4**

Average score - Sustainable: **18**

Average score - High Performer: **1**

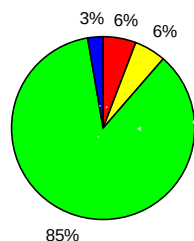
Component area(s) requiring improvement:

Nursing, Laboratory, Funding & Advocacy

Functional area(s) requiring improvement:

Physical Infra, Mgt and Supervision, Supplies

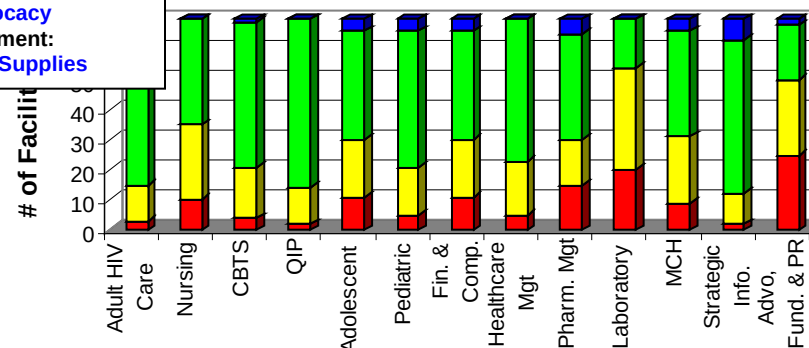
All AIDSRelief Site Percent Sustainable



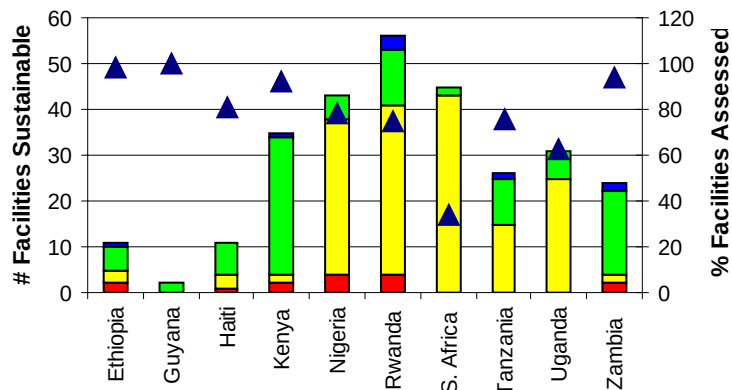
Global | Country | Facility | SCA Data Upload | Log out

2009

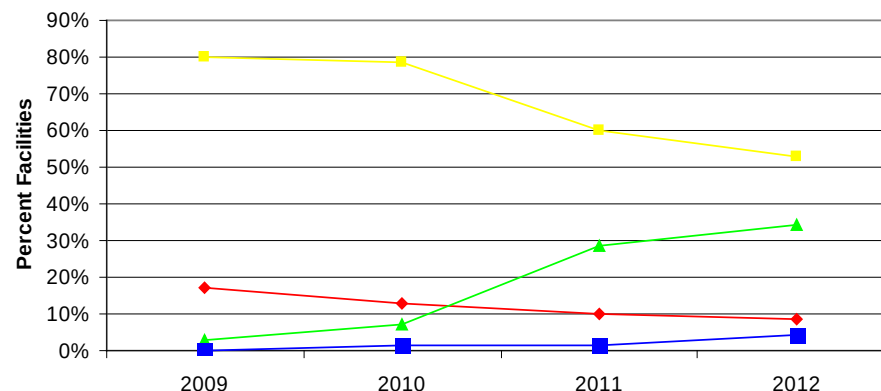
Sustainable Facilities



Number of Sustainable Sites by Country



Percent Sustainable Over Time



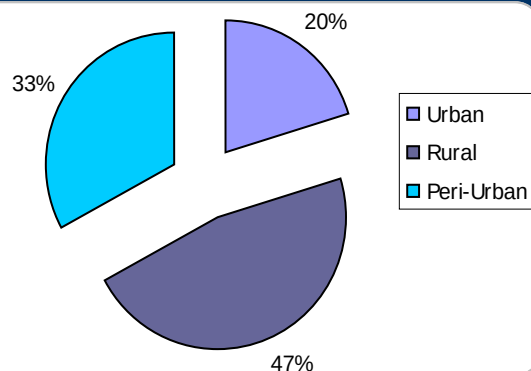
Country/Year: Nigeria 2009

Facility Segment: Rural/Urban/Peri Urban By Component

Nigeria

Global | Country | Facility | SCA Data Upload | Log out

Country Segmentation

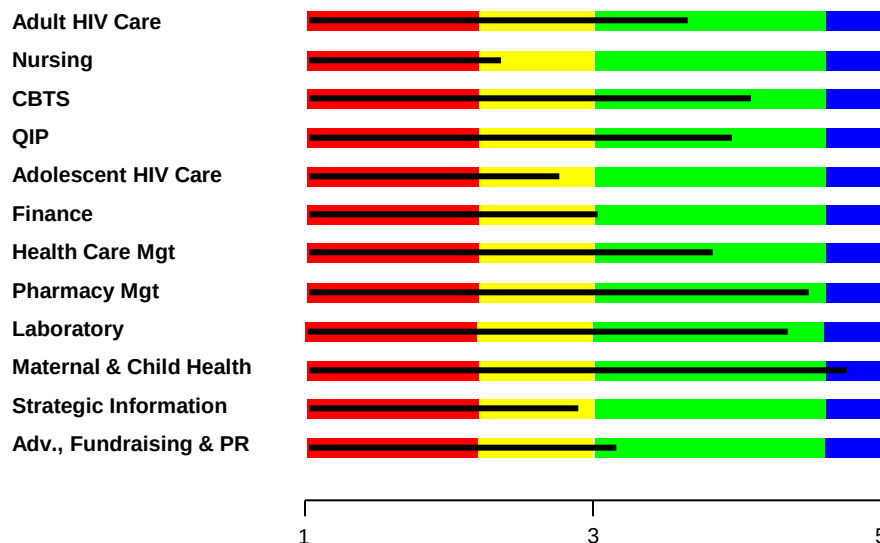


Segment: Rural Facilities

Adult HIV Care

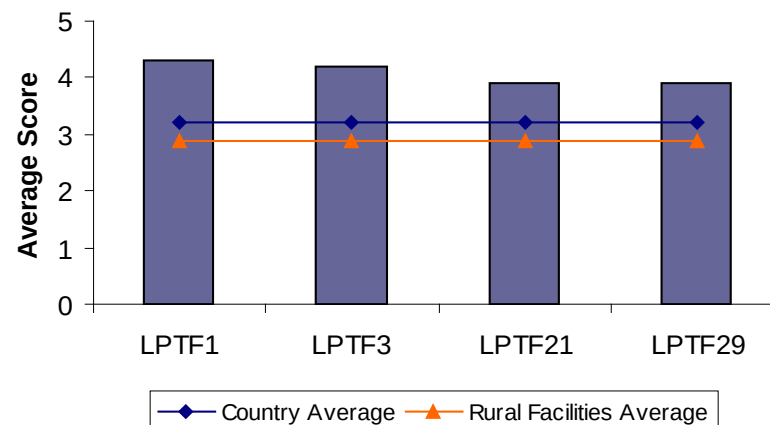
Facility Name	District	Average Score	Trend
Facility Long Name 4	District A	4.2	▼
Facility Long Name 5	District A	4.1	▲
Facility Long Name 8	District B	3.9	•
Facility Long Name 1	District A	3.9	▲
Facility Long Name 19	District F	3.9	▼
Facility Long Name 10	District B	3.7	▲
Facility Long Name 9	District C	2.9	▲

Overall Average Score by Component/Functional Area – Rural Facilities



Top 10%

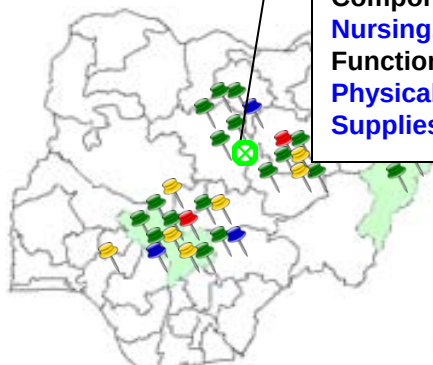
Top and Bottom Performers by Component/Functional Area



Country/Year:

Facility Name:

Facility By Geographic Location



Facility: Abuja Clinic
Assessment: Sustainable
Overall Average Score: 3.55
Facility Rank in Country: 66 percentile; 20th out of 30 sites
Date Last Assessed: 15-Nov-2009
Component area(s) requiring improvement: **Nursing, Laboratory, Funding & Advocacy**
Functional area(s) requiring improvement: **Physical Infra, Mgt and Supervision, Supplies**

Global | Country | Facility | SCA Data Upload | Log out

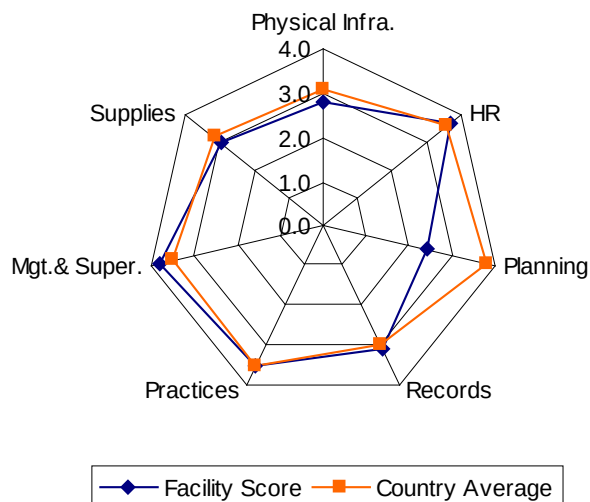
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Component and Functional Area Scores

[See Facility Notes](#)

	Average Score	Trend Compared to Prior Year
	3.4	▼
Nursing	3.1	▲
CBTS	4.0	•
QIP	4.1	▲
Adolescent program	3.9	▼
Pediatric	3.2	▲
Finance	3.0	▲

Component/Functional Area Compared To Country Average



Adult HIV Care

Functional Area	Indicator	Score
Infrastructure/ Equipment	Exam Rooms	4
Infrastructure/ Equipment	Laboratory Diagnostics to support ART and diagnose OIs	4
Infrastructure/ Equipment	Clinical Information System	3
Human Resources	Physician to Patient Ratio	3
Human Resources	Staff Training in HIV Care	3
Practices (Activities)	Opportunistic Infection Management	3
Practices (Activities)	Confidentiality	2
Practices (Activities)	Universal Precautions	3



SECTION 5

SITE CAPACITY ASSESMENT (SCA)

SCA Action Plan



Objective of this Training Module

- Understand the importance of action plans as a tool for implementing activities that address capacity gaps identified by the SCA.
- Understand key features of action plans.
- Introduce the auto-generated action plan worksheet.
- Learn how to generate the action plan workbook in the SCA dashboard
- Understand the various fields in the SCA action plan workbook and how they are filled.
- How to manage and monitor implementation of activities using the SCA action planning tool

Developing an Action Plan – A Recap

1. After the completion of the administration of the SCA tool, the Program Manager should work with health facility and relevant component experts to develop action plans.
2. The action plan can be developed by two methods:
 1. Manually using the principles discussed earlier in this presentation
 2. Select your indicators for improvement and download from the SCA Dashboard

Generating an SCA Action Plan

- The SCA Action Plan feature creates a customized, component-by-component work plan at the indicator and criteria level.
- Based on the health facility's assessment scores, select the assessment indicators within each component that that you want in the action plan.
- Once you have gone through the selection process, the system creates an Excel action plan workbook using a pre-defined template

Steps to Build an Action Plan Workbook

1. Select a component by clicking on the component name in the component area grid. The name of the component and the indicator score for the selected component will display in the lower grid.
2. Select the indicators that you would like in your action plan. Indicators with a score of 1 are automatically selected, but you can de-select them if you wish.
3. Once you have selected all of the indicators for a component, click the Submit Indicators button. A "Done" check mark displays in the component grid at the top left.
4. Repeat the process of selecting a component in the top grid, selecting indicators for the component in the bottom grid and clicking Submit Indicator button.
5. When you have building the action plan component-by-component, click on the Create Plan button. The system will automatically create an action plan Excel workbook and save it to your computer.

SCA Action Planning Workbook

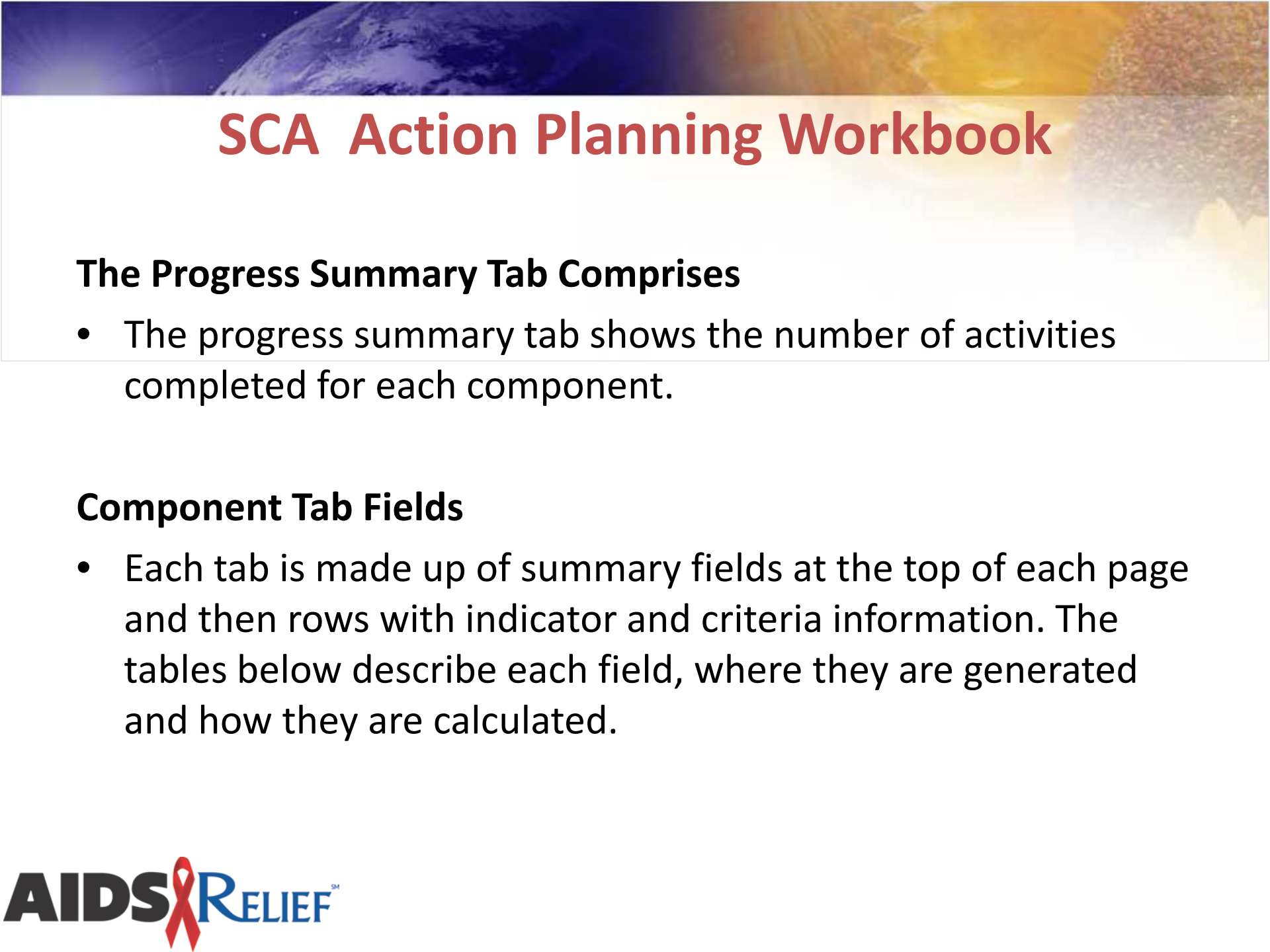
After accessing and building an action planning template, an action workbook will appear:

The Action Plan Workbook Comprises:

- A tab for each component selected in the SCA Dashboard set up
- A summary tab that displays a summary of the number of activities selected and their completion status

Each Component Tab Comprises:

- Indicators selected during the indicator selection process in the dashboard
- One row per criteria; there may be multiple criteria rows for each indicator
- Criteria for a score level of "Meets Minimum Standard" (score of 3 or higher), depending on current score of the indicator.



SCA Action Planning Workbook

The Progress Summary Tab Comprises

- The progress summary tab shows the number of activities completed for each component.

Component Tab Fields

- Each tab is made up of summary fields at the top of each page and then rows with indicator and criteria information. The tables below describe each field, where they are generated and how they are calculated.

An SCA Action Planning Workbook

GOAL					
STRATEGY					
OBJECTIVES					
ACTIVITY	Implementation Period	Responsible Person	Resources required	Performance Indicators	Comments
1.					
2.					
3.					
4.					
6.					

Fields in the SCA Action Plan Workbook

- Because of its uniqueness the SCA action plan workbook has more fields than a traditional action planning workbook or template.
- Some of the fields will be completed automatically by the SCA from the information generated from its system.
- Other fields will be filled by the person preparing the work plan
- The next slides below describe each field, where they are generated and how they are calculated.

Fields in the SCA Action Plan Workbook

Field Name	Type Data	Source
1. Functional Area	Text	Dash Board database
2. Indicator	Text	Dash Board database
3. Current Score	Integer	Dash Board database
4. Planned Score	Integer	Dash Board database
5. Criteria Needed to Reach Level 3 or Above	Text	Dash Board database (Text source is the SCA tool criteria)
6. Facility Planned Activities	Text	Empty to be filled by the facility

Fields in the SCA Action Plan Workbook

FIELD NAME	TYPE	DATA SOURCE
7. Priority	Select list: High, Medium, Low	Empty field to be filled in by the facility
8. Resources Funding (currency)	Integer	Empty field to be filled in by the facility
9. Resources- sources of funds	Text	Empty field to be filled in by the facility
10. Staff facility staff member in charge	Text	Empty field to be filled in by the facility
11. Staff – AIDSRelief Team member to support	Text	Empty field to be filled in by the facility
12. Schedule – Target date for completion	Date	Empty field to be filled in by the facility
13. Schedule- status	Select list: (Not started, In progress, delayed, will not be done, complete)	Empty field to be filled in by the facility
14. Schedule – Days over due	Integer	Calculated; (if target date < today's date displays nothing: If target day > today's date and status complete, calculate work days overdue ; If status = complete display nothing)

How To Fill in an Action Plan Workbook

1. Open an Action Plan workbook.
2. Select a component tab.
3. Review the indicators and criteria associated with each indicator.
Remove criteria rows that you don't want by highlight the row and right click your mouse and select delete.
4. For each row enter the activities that you and your team will perform to meet the criteria, the priority, resources and staff needed and schedule information.
5. As activities progress through the status phases or on a periodic basis, update the spreadsheet for each component.
6. As the work is completed, the summary information at the top of each tab and in the summary page, is also update.

The Summary Tab

- The summary page gives you a snapshot of the completed activities across components. As activities are completed for each component (status field is changed to "Complete" in the component tabs), the summary page statistics update.